

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048871

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 100

Primary Registration District No. 5391

Registrar's No. 107

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILE NO. 2-1963

1. PLACE OF DEATH

a. COUNTY

Dent

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Texas Twp.Length of stay in 1b  
3 Mos.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTIONInside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Dent

c. CITY OR TOWN Salem

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS Licking Rt. (If outside, give location)

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
Viola Mae Hickinbotham

4. DATE OF DEATH Nov. 22, 1963

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8/16/1893

9. AGE (last birthday) 70

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Versailles, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME

James Garrison

13b. MOTHER'S MAIDEN NAME

Mary Ann Newton

14. NAME OF HUSBAND OR WIFE

Jesse Hickinbotham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

22a

17. INFORMANT

Jesse Hickinbotham, Salem, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac + pulmonary arrest

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebrovascular accident

DUE TO (c)

Cardiovascular renal disease

INTERVAL BETWEEN ONSET AND DEATH

4 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 17, 1963 to Nov 22, 1963 and last saw her alive on Nov 22-1963  
Death occurred at 11:00p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

B J Myer DO (Degree or title)

22b. ADDRESS

Licking, Mo

22c. DATE SIGNED

11-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov 25, 1963

23c. NAME OF CEMETERY OR CREMATORY

Zion Cemetery

23d. LOCATION (City, town, or county)

Dent County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Spencer Funeral Home, Salem, Mo.

25. DATE RECD. BY LOCAL REG.

11-27-63

26. REGISTRAR'S SIGNATURE

M M Hart M D Lyall

DEC 13 1966

DEC 6 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Stephen S. Robinson

Licensed Embalmer No. 5181

P. O. Address Salem, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above: